

**DEPARTMENT OF PUBLIC HEALTH, COUNTY OF SAN LUIS OBISPO
APPLICATION FOR HEALTH PERMIT/INSPECTION – FIXED FACILITIES**

2156 Sierra Way – PO Box 1489 – San Luis Obispo, CA 93406

**THIS IS NOT A PERMIT TO OPERATE. YOU MUST OBTAIN WRITTEN
APPROVAL FROM THIS DIVISION BEFORE OPERATING.**

OWNER(S) _____ DATE _____

(DBA) DOING BUSINESS AS _____ FORMER FOOD BUSINESS AT THIS LOCATION _____

TYPE OF ESTABLISHMENT _____

SEATING CAPACITY _____ or SQUARE FEET _____

BUSINESS ADDRESS _____ PHONE _____

CITY _____ ZIP _____

BUSINESS
MAILING ADDRESS _____ PHONE _____

CITY _____ ZIP _____ CELL PHONE _____

IS YOUR FACILITY USED AS A COMMISSARY: YES NO (IF YES, LIST VENDORS BELOW):

SIGNATURE OF APPLICANT _____

PRINTED NAME _____

DO NOT WRITE BELOW THIS LINE

COMPUTER INFORMATION

RECORD ID # _____ PROGRAM # _____ ELEMENT _____ DISTRICT _____

AMOUNT DUE _____ () PAID () STILL OWES

() CASH () CHECK # _____ INITIALS _____ DATE _____

PERMIT EXPIRATION DATE SET TO _____